

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>202004/20</i>	<i>4/20/20</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>7/14/20</i>	<i>7/14/20</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	1/23/20
2	✓	✓	1/23/20
3	✓	✓	1/23/20
4	✓	✓	1/23/20
5	✓	✓	1/23/20
6	✓	✓	1/23/20
7	✓	✓	1/23/20
8	✓	✓	1/23/20
9	✓	✓	1/23/20
10	✓	✓	1/23/20
11	✓	✓	1/23/20
12	✓	✓	1/23/20
13	✓	✓	1/23/20
14	✓	✓	1/23/20
15	✓	✓	1/23/20
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40	✓	✓	1/23/20
41	✓	✓	1/23/20
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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